FOR INSTRUCTIONS, SEE BACK OF		11	IA ETHIC	S AND			1.			L
FOR INSTRUCTIONS, SEE BACK OF	H	ORM 15	VICH DIE	CEUSUR		FORM		CTAT	EMENT	
CHECK ONE:			MAY LO	DM I+	26	DR-1)F	1
☐ This is an initial* Statement of Organizatio	H	ZUIU	81 YAM	Lu 1.	20	(Rev.	1 1	-	NIZATIO	NC NC
This is an amended* Statement of Organ	k	don			į	For Of	ice Use	Only		- -
* An initial Statement of Organization should be filed with	۱,	 0 days of the c	ommittee's a	ccentino			1			
* An initial Statement of Organization should be filed with contributions, making expenditures or incurring indebted within 30 days of a change. Penalties may be imposed to	k	exceeding \$5	00. Amenda	nents should	d be filed	Comm.	#			
within 30 days of a change. Penalties may be imposed to	ľ	te-filed Staten	ents of Orga	nization.		Audite				
	ł					Соптри	ter			
COMMITTEE NAME (Required by law)	Ħ		***			_				
Committee to Re-Elect Shari O'B		non Count	v Record	ler						
COMMITTEES TO RE-DISCE SHAFF S	f	Jon Count	, 1100430		<u> </u>					_
IMPORTANT: Indicate type of committee you are repor	Ļ	for: 4								l
(1) Statewide/Legislative Candidate (2) Statewide PAC 3 State Party (4) County/Local Candidate (5) County PAC (6) Ballot issue/Franchise Committee (7) County/City Central Committee (8) Support state of candidates (list candidates under purpose of committee)										
Committee (7) County/City Central Committee (8) Sup	Y	state or cand	mates (ust Ce	Ildiobres a	iner purpos	E 01 0011	n made e j			
COMMITTEE TREASURER (This address used for	Ą	eminders	COMMITTE	E CHAIR	(List addi	tional of	icers on	separa	te page)	
(Required by law) and correspondence) Name	+	ļ	Name							\neg
1 ···	İ			ri O'Ba	DD05				I	-
Mary Weiland Malling Address	+		Mailing Add		mion					-
	ļ						1		ŀ	j j
590-520th Street City, State Zip Code	H		City, State		Seneca de					-
			•			- ^ -				
Alta, Iowa 51002	╀				. Iowa		58			-
Home Phone (712)284-1514			Hame Phor	_{тө (} 712 <u>-7</u>	<u>32-4213</u>		-			-
Day Phone (712-)213-7431			Day Phone	712-21	3-7430					
PACS: INDICATE PURPOSE OF COMMITTEE	I			···					,	
	ļ									
All Candidates Enter: Office Sought:		District:						- 1		
Dalitical Party (Mannicable)	П	Year Standing for Election:								
County/Local Candidates and Local Ballot/Franchis	Ħ	Opmmittees Enter:								
County:	H	Date of Election: Candidate Name & Address or Parent Entity (PACs, if applicable),								
Bank Account Name	Ш	Affiliate, or Sponsor								
									- 1	
Name of Financial Institution/Type of Account	Н	M	ailing Addres	8						' l
Maria C. L. Weiner			•							
Mailinu Address	Н	- c	ty		State		Zip	*****		· [
Parimid Catanaca			•							
City State Zip	Н	H H	ome Phone ()						;
	Ш		ey Phone (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \]	ì
DISPOSITION OF BALANCE OF FUNDS UPON	H			ent of intent re	equired by taw	for all co	minittees,	except (tate partie	
			and cent	trai committee	25.)					
Indicate disposition of funds by marking appropriate number in t					EPUND TO C					
(2) DONATED TOLOCALISTATE NAT'L POL	þ	AL PARTY(under			O ANOTHER	COMMIT	TEE OF T	HIS SAL	AE CANDI	DATE
(3) DONATED TO CHARITABLE ORGANIZATION				CANDIDATE:	S ONLY) PARENT ENT	ITV ĠENI	FRAL FUI	ND (PAĆ	S ONLY	i
(8) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FU	Н	(melodino mto)			ONLY), PLE				1	1
TO THE AN CONCRESSIONAL DISTRICT FUND	Ш	1								_
STATEMENT OF AFFIRMATION BY TREASURER A I am aware that I am required to file disclosure reports if the I a clandar year for the purpose of supporting or opposing an (lines) under the disclosure law. I also understand that although law for accurate and timely disclosure reports. Finally, I affirm	H	CANDIDATE:	OR POLITIC	AL COMM	ITTEES, BY	CHAIR	PERSO	N		
I am aware that I am required to file disclosure reports if the o	4	hitles receives a	ntributions, ma	ikes expendit issue. I am :	ures, or incur: ilso aware tha	indebled t late-filed	iness in ei i reports s	xcess of tre subje	nve hundn ct to civil p	ea acilsis evelles
in a calendar year for the purpose of supporting or oppusing an fines) under the disclosure law. I also understand that atthough	Ā	treasurer norma	lly prepares an	d files reports	s, the candida	e or chair	parson (P	PACs) is i	responsitiv	e under the
law for accurate and timely disclosure reports. Finally, I affirm	ľ	eu gommi uee offii	ajs nevo deen	inioimed of t	иеви вру онит Е		- 1 M 2	A	1	
May welland	Щ					Date	よりル Signed	-		
Sphature of Treasurer		,		£	- 18:10		~- 		1	
Styleller OBARD	H	<u>~</u>		<u> </u>	• 1011L		Signed		- +	·
TO 394d of Condidate or Chairmerson (if a R	HAL!	NNI JIAS			T##6Z8			:11:	0 T 0 Z / E	BT/90